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In re Application of:

HIROSHI ENDO et al.

Application No.: 09/080,861

Filed: May 18, 1998

For: IMAGE FORMING SYSTEM

COMMISSIONER FOR PATENTS Washington, D.C. 20231

Attention: Frances Hicks

PETITIONS BRANCH

Sir:

Docket No.

01272.006808.2

Examiner: K. Kianni

Group Art Unit: 2624

Date: April 23, 2002

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UFFICE OF PETITIONS

thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patenta. Washington, D.C. 20231 on

(Date of Deposit)

Dennis A. Duchene, Reg. No. 40,595

Name of Atterney for Applicant
4 23 (

Transmitted herewith is an Amendment And Response To Office Action in the above-identified application.

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X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	**	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	***	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed pro-	reviously
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X A Request For Entry Of Claim To Priority And Conditional Petition Under 37 C.F.R. § 1.182 is enclosed.

	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$400.00 to cover the fee for a two-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicants
	Registration No. 40,595

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